What is Claimed is:

1. A method for selectively enhancing the analgesic potency of a bimodally-acting opioid agonist and simultaneously attenuating anti-analgesia, hyperalgesia, hyperexcitability, physical dependence and/or tolerance effects associated with the administration of the bimodally-acting opioid agonist, said method comprising administering to a subject an analgesic or sub-analgesic amount of a bimodally-acting opioid agonist and an amount of nalmefene effective to enhance the analgesic potency of the bimodally-acting opioid agonist and attenuate the anti-analgesia, hyperalgesia, hyperexcitability, physical dependence and/or tolerance effects of the bimodally-acting opioid agonist.

2. The method of Claim 1 wherein the bimodally-acting opioid agonist is selected from the group consisting of morphine, codeine, fentanyl analogs, pentazocine, buprenorphine, methadone, enkephalins, dynorphins, endorphins and similarly acting opioid alkaloids and opioid peptides.

3. The method of Claim 2 wherein the bimodally-acting opioid agonist is morphine.

4. The method of Claim 2 wherein the bimodally-acting opioid agonist is codeine.

5. The method of Claim 2 wherein the bimodally-acting opioid agonist is methadone.

6. The method of Claim 1 wherein the amount of nalmefene administered is 1000-10,000,000 fold less than the amount of the bimodally-acting opioid agonist administered.

7. The method of Claim 1 wherein the amount of nalmefene administered is 10,000-1,000,000 fold less than the amount of the bimodally-acting opioid agonist administered.

8. The method of Claim 1 wherein the mode of administration is selected from the group consisting of oral, sublingual, intramuscular, subcutaneous, intravenous and transdermal.

9. A method for treating pain in a subject comprising administering to the subject an analgesic or sub-analgesic amount of a bimodally-acting opioid agonist and an amount of nalmefene effective to enhance the analgesic potency of the bimodally-acting opioid agonist and attenuate anti-analgesia, hyperalgesia, hyperexcitability, physical dependence and/or tolerance effects of the bimodally-acting opioid agonist.

10. The method of Claim 9 wherein the bimodally-acting opioid agonist is selected from the group consisting of morphine, codeine, fentanyl analogs, pentazocine, methadone, buprenorphine, enkephalins, dynorphins, endorphins and similarly acting opioid alkaloids and opioid peptides.

11. The method of Claim 10 wherein the bimodally-acting opioid agonist is morphine.

12. The method of Claim 10 wherein the bimodally-acting opioid agonist is codeine.

13. The method of Claim 10 wherein the bimodally-acting opioid agonist is methadone.

14. The method of Claim 9 wherein the amount of nalmefene administered is 1000-10,000,000 fold less than the amount of the bimodally-acting opioid agonist administered.

15. The method of Claim 9 wherein the amount of nalmefene administered is 10,000-1,000,000 fold less than the amount of the bimodally-acting opioid agonist administered.

16. The method of Claim 9 wherein the mode of administration is selected from the group consisting of oral, sublingual, intramuscular, subcutaneous, intravenous and transdermal.

17. A method for treating an opiate addict comprising administering to the opiate addict an amount of nalmefene effective to attenuate physical dependence caused by a bimodally-acting opioid agonist and enhance the analgesic potency of a bimodally-acting opioid agonist.

18. The method of Claim 17 wherein nalmefene is coadministered with an analgesic or sub-analgesic amount of a bimodally-acting opioid agonist.

19. The method of Claim 18 wherein the bimodally-acting opioid agonist is selected from the group consisting of morphine, codeine, fentanyl analogs, pentazocine, buprenorphine, methadone, enkephalins, dynorphins, endorphins and similarly acting opioid alkaloids and opioid peptides.

20. The method of Claim 19 wherein the bimodally-acting opioid agonist is methadone.

21. The method of Claim 19 wherein the bimodally-acting opioid agonist is buprenorphine.

22. The method of Claim 18 wherein the amount of nalmefene administered is 1000-10,000,000 fold less than the amount of the bimodally-acting opioid agonist administered.

23. The method of Claim 18 wherein the amount of nalmefene administered is 10,000-1,000,000 fold less than the amount of the bimodally-acting opioid agonist administered.

24. The method of Claim 17 wherein the mode of administration is selected from the group consisting of oral, sublingual, intramuscular, subcutaneous, intravenous and transdermal.

25. A composition comprising an analgesic or sub-analgesic amount of a bimodally-acting opioid agonist and an amount of nalmefene effective to enhance the analgesic potency of the bimodally-acting opioid agonist and attenuate the anti-analgesia, hyperalgesia, hyperexcitability, physical dependence and/or tolerance effects of the bimodally-acting opioid agonist in a subject administered the composition.

26. The composition of Claim 25 wherein the bimodally-acting opioid agonist is selected from the group consisting of morphine, codeine, fentanyl analogs, pentazocine, methadone, buprenorphine, enkephalins, dynorphins, endorphins and similarly acting opioid alkaloids and opioid peptides.

27. The composition of Claim 26 wherein the bimodally-acting opioid agonist is morphine.

28. The composition of Claim 26 wherein the bimodally-acting opioid agonist is codeine.

29. The composition of Claim 26 wherein the bimodally-acting opioid agonist is methadone.